POLITICAL COMMITTEE CITY/TOWN OF CAMPAIGN FINANCE REPORT

2012 August/November Regular Election ommitter To Re- elect DON CALLAHAN AUG 2 2 2012 LAKe HAVASUCITY, 86406, MOHAUR CITY CLERK 2. 12-NP-101 **DUE BETWEEN** REPORTING PERIOD (Please check appropriate box) __* thru December 31, 2011 January 1, 2012 and January 31, 2012 January 31 Report - For Period of SUMMARY Column A Column B 5. Total This Reporting Election Period Period Total To Date Surplus from Previous Campaign (or at time Statement of Organization was filed for the new committee) Cash on Hand at the Beginning of this Reporting Period 5b Total Receipts (from corresponding columns on Detailed Summary Page, Line 8) Subtotal [add Lines b and c for Column A and add lines 5đ a and c for Column B1 Total Debts and Obligations from Previous Campaign Committee at Beginning of this Election Period (or at time Statement of Organization was filed for the new committee) [Do not add or subtract this line from the other lines Total Disbursements (from corresponding columns on Detailed Summary Page, Line 18) Cash on Hand at Close of Reporting Period [Subtract Line 6b from Line 5dl

*Insert date which is 21 days after date of last election (A.R.S. §16-913).

^{**}Other reports will be due before this reporting period if a special or recall election is held prior to the next general election.

OF RECEIPTS AND DISBORSEMENTS		Page 2
1. Committee Name: Re-PLET DON CALLAHAN	2. ID#	10 101
3. Report covering period from 6/1/12 Thru 8/8912	<u> </u>	-NP-101
RECEIPTS	COLUMN A THIS PERIOD	COLUMN B CAMPAIGN TO DATE
4. Contributions other than loans and in-kind:		
(a) Individuals - more than \$25 (Total from Schedule A)	1.130. ac	1.130. ve
(b) Individuals - aggregate \$25 or less (Total from Schedule A-1)	375:5	375.5
(c) Political Committees (Total from Schedule B)		
(d) Subtotal Contributions [add 4(a), 4(b), and 4(c)]	1,505.00	1,505.4
(e) Refund of contributions (Total from Schedule F-2)		
(f) Total Contributions Other than Loans and In-kind [subtract 4(e) from 4(d)]	1.505.00	1,505.00
(a) Loans made or guaranteed by candidate (Total from Schedule C)	600.00	600.00
(b) All other loans (Total from Schedule C-1)		
(c) Total Loans [add 5(a) and 5(b)]	600.0	600. ce
6. In-kind contributions (Total from Schedule E)	237.64	237.64
7. Dividends, interest, and other forms of receipts (Total from Schedule F-1)		
8. Total Receipts [add 4(f), 5(c), 6, and 7]	2342 64	2.342.64
QUALIFYING CONTRIBUTION RECEIPTS	4 7,0	
Qualifying Contributions of \$5 from Individuals (Total from Schedule A2).		
DISBURSEMENTS		
Expenditures for operating expenses (Total from Schedule D)	1126.22	1.126.22
10. Independent Expenditures (Total from Schedule D-1)	//	77
11. Value of In-kind expenditures (Total from Schedule E)		
12. Loans made by reporting committee (Total from Schedule D-2)		
13. (a) Repayment of loans made or guaranteed by candidate (Total from Schedule D-4)		
(b) Repayment of all other loans (Total from Schedule D-5)	·	
(c) Total Loan Repayments [add 13(a) and 13(b)]		
14. Transfers to other political committees (Total from Schedule D-6)		
15. Any other disbursement (Total from Schedule D-7)		
16. Subtotal disbursements [add lines 9, 10, 11, 12, 13(c), 14, and 15]	1,126.22	1,126.2
17. Rebates, refunds and other offsets to operating expenses (Total from Schedule D-3)	775	1//
18. Total disbursements [subtract line 17 from line 16]	1.126.22	1/26.22
19. Total Outstanding Debts owed by Reporting Candidate or Political Committee (Schedule F-3)	779 4.3	1,180
I certify, under penalty of perjury, that I have examined the contents of this campaign finance report and	to the best of my knowledge	and belief it is true and
omplete.		-
DON CALLAHAM		
yes or Print Name of Treasurer	8/22/1-	
Signature of Treasurer or Candidate or Designating Individual Da	10 00/12	

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

	1. Committee Name Re-Shect Don CALLANA	<u>~/</u>	2. 1D# /2 - N J-	2 101
	3. Report covering period from 6/1/12 thm	8/18	1,2	
4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a ~	DONNEY MIKE STREET ADDRESS	1/2/12	100.4	100-4
	STATE LIP LAKE HADASUC, TY AZ 86 406 OCCUPATION EMPLOYER			
b.	ATWELL ALLAND STREET ADDRESS FIRST MI MI STREET ADDRESS	6/6/12	50·E	50. <u>u</u>
	CITY STATE ZIP LAKA HAUASUCTY AZ 86406 OCCUPATION EMPLOYER			
C.	STREET ADDRESS FIRST FIRST MI Dolbert	6/6/12	150.00	150.4
	CITY STATE ZIP LAKE FLAUASUC, TY, AZ86 40 6 OCCUPATION EMPLOYER			
٩	Kound Dick Street Address	7/2/12	200 cz	200 =
	CITY STATE ZIP LAKE HAVASU C: TY AZ 86 403 OCCUPATION EMPLOYER		·	
е.	LAST FIRST MI ALVIGE MIKE STREET ADDRESS	8/20/1Z	100,0	100 ct
	CITY STATE ZIP LAKS HAUASA (): TY, AZ 86406 OCCUPATION EMPLOYER			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(z), Column A]	,. ÷1	;	

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

			2. ID#	
	1. Committee Name KE-ELPCT DH CALLAHAA	8/8/	12-NI	D-101
	3. Report covering period from 6////2 thru	0/89/		
4	CONTRIBUTIONS	DATE RECEIVED	AMOUNT RECEIVED THIS	CUMULATIVE TOTAL THIS CAMPAIGN
	NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR		PERIOD	TO DATE
4a.	STREET ADDRESS CITY STATE S	7/25/12	40- <u>cc</u>	190. ES
b.	AAKA MAUASU, C, TY, AZ 86 406 OCCUPATION EMPLOYER MI			
U.	KLOSTERMIER DIANE	7/25/12	UA 46	40. <u>ce</u>
	LAKE HAUASU CITY, AZ 86403 OCCUPATION EMPLOYER	7/25/12	70.	•
C.	STREET ADDRESS EIRST MI	1/25/12	60,00	60 00
	CITY STATE ZIP LAKE PAUASUC; TY, A Z 86404 OCCUPATION EMPLOYER			
d.	Howe RALPh STREET ADDRESS		- ce	-1 oc
	CITY LAKE HAVASU C: TY, HZ 86 406 OCCUPATION VEMPLOYER	1/25/12	30.	50-
e.	LAST) FIRST MI CEMY DAM STREET ADDRESS	7/26/12	50. <u>ve</u>	50.00
	CITY STATE ZIP STATE LIP STATE			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE A [if last page of Schedule A, transfer total to Detailed Summary Page Line 4(z). Column A)			

CONTRIBUTIONS more than \$25 - from INDIVIDUALS*

SCHEDULE A

	1. Committee Name Re-ELECT DOM CALLAHAW		12-NP	-101
	3. Report covering period from 6/1// 2 thru		1/2	
4	CONTRIBUTIONS NAME, ADDRESS, OCCUPATION AND EMPLOYER OR CONTRIBUTOR	DATE RECEIVED	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a.	FIRST MI RILEY BIJAN STREET ADDRESS	7/25/12	50. <u>00</u>	50. ve
	STATE ZIP LAK-HAUASUC; TY, AZ 86 905 OCCUPATION EMPLOYER			
b.		7/25/12	50, cs	50, 00
	CITY STATE STATE STATE OCCUPATION EMPLOYER EMPLOYER			
c.	PAIROTT JOHN STREET ADDRESS	7/25/12	100. CC	100. ==
	LAKE HAUASU CITY, AZ 86 406 OCCUPATION EMPLOYER			
d.	AND STREET ADDRESS FIRST MI	1/25/12	50 4	50. ve
	CITY STATE ZIP LAKE HAVASU O; TY, AZ 86406 OCCUPATION EMPLOYER			
e.	Ketchum Jerry STREET ADDRESS	1/25/12	40.00	40. <u>ce</u>
	CITY LAKE HAUBSUC; 74, AZ 86406 OCCUPATION EMPLOYER			
5.	ENTER TOTAL UNLY IF LAST PAGE OF SCHEDULE A [If last page of Schedule A, transfer total to Detailed Summary Page Line 4(2), Column A]		7	1,130.4

CONTRIBUTIONS of \$25 or less - AGGREGATE TOTAL*

SCHEDULE A-1

1. Committee Name	to to Re- Cleet	Don of	2. ID# 12-NP-101
3. Report covering period from	6/1/12	thru	8/16/12

4. Aggregate Total of Contributions of \$25 or less

DESCRIPTION	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
18 separate contribution	#375-UD!	375.00
		· ·
		·
5. TOTAL THIS PERIOD [Transfer total to Detailed Summary Page, Line 4(b), Column A]		6. CUMMULATIVE TOTAL THIS CAMPAIGN TO DATE [Transfer total to Detailed Summary Page, Line 4(b), Column B]

^{*}If contributions of \$25 or less are listed with contributor's name and address on Schedule A, do not include them on this schedule. List \$5 Clean Election qualifying contributions separately on Schedule A-2.

CONTRIBUTIONS FROM POLITICAL COMMITTEES

SCHEDULE **B**

	Committee Name		2. ID#	
		d fromthru		
4		CONTRIBUTIONS	AMOUNT RECEIVED	CUMULATIVE TOTAL THIS
	IDE	NTITY OF CONTRIBUTOR AND DATE RECEIVED	THIS PERIOD	CAMPAIGN TO DATE
4a	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
1	DATE RECEIVED			
b.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
C.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		:
	DATE RECEIVED			
d.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
e.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
f.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
g.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
h.	ID# .	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
i.	ID#	NAME, ADDRESS, CITY, STATE AND ZIP		
	DATE RECEIVED			
5.	ENTER TOTAL ONLY IF L Detailed Summary Page, I	AST PAGE OF SCHEDULE B [If last page of Schedule B, transfer total to Line 4(c), Column A]		

CANDIDATE LOANS SCHEDULE C Committee Name Committee TORE- ELECT DON CALLAHAN 2. ID# Report covering period from ___ **AMOUNT CUMULATIVE** 4. LOANS MADE OR GUARANTEED BY CANDIDATE DATE RECEIVED RECEIVED TOTAL THIS NAME AND ADDRESS FROM WHOM RECEIVED CAMPAIGN TO DATE NAME, ADDRESS, CITY, STATE, AND ZIP 600,00 be fund raising DESCRIPTION NAME, ADDRESS, CITY, STATE, AND ZIP DESCRIPTION ENTER TOTAL OF LOANS MADE OR GUARANTEED BY CANDIDATE ONLY IF LAST PAGE OF SCHEDULE C 5. [If last page of Schedule C, transfer total to Detailed Summary Page, Line 5(a), Column A]

OTHER LOANS

SCHEDULE C1

	Softmate Name			
3.	Report covering period from thru			
4	ALL OTHER LOANS NAME AND ADDRESS OF EACH INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) OR LOAN, AND ANY ENDORSER OR GUARANTOR OF LOAN.	DATE LOAN RECEIVED	AMOUNT OF LOAN	CUMULATIVE TOTAL THIS CAMPAIGN TO DATE
4a	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4b	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			·
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4c	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
4d	NAME OF PERSON OR COMMITTEE MAKING LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	NAME OF ENDORSER OR GUARANTOR OF LOAN, ADDRESS, CITY, STATE, ZIP, AND ID#			
	DESCRIPTION			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE C-1 [If last page of Schedule C-1, transfer total to Page, Line 5(a), Column A]	o Detailed Summary		

EXPENDITURES FOR OPERATING EXPENSES*

SCHEDULE D

	(1) 1 1 1 1 1 1 1 1 1 1	2. ID#	
	1. Committee Name Re-CLCIT DIN CALLAHAN 3. Report covering period from 6/1/12 thru 8/16	12-NP	- 101
	3. Report covering period from 6/1/12 thru 8/16	112	4 h-44/
4	EXPENDITURES	DATE	AMOUNT
	NAME AND ADDRESS TO WHOM EXPENDITURE (DISBURSEMENT) WAS MADE	EXPENDITURE MADE	OF THE EXPENDITURE
4a.	HAME, ADDRESS, CITY, STATE AND ZIP		
	Printing Phus 2069 McCulloch Blud.	6/1/12	95
	2069 MCCULLION LACE LAKE HAUASU C. TY, AZ 86403 DESCRIPTION OF ITEMS OR SERVICES PURCHASED	6/1/12	146.
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
	Didhures - Shiris		
ь.	NAME, ADDRESS, CITY, STATE AND ZIP HINTING PLUS		
	77/1/1/1/19 4-403	7/2/12	733 65
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
c.	Brochures - Decahs - Buttons NAME, ADDRESS, CITY, STATE AND ZIP		
١٠٠	PrintingPlus		, ,
	477 · · · · · · · · · · · · · · · · · ·	7/30/12	130.62
	The state of the order of the state of the s		
•	Drochures		
d.	NAME, ADDRESS, CITY, STATE AND ZIP		
	LAKE HAUASa City 2330 Meculloch Blud.		
	LAKE HAUASACITY, HT 86403 DESCRIPPION OF ITEMS OR SERVICES PURCHASED	6/11/12	_
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED	me	115.00
	SIGN Permit	118	1/3.5
е.	NAME, ADDRESS, CITY, STATE AND ZIP		
•			
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
f.	NAME, ADDRESS, CITY, STATE AND ZIP		
Ĭ			
	DESCRIPTION OF ITAKE OF SERVICES BURGHASED		
	DESCRIPTION OF ITEMS OR SERVICES PURCHASED		
=	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D [If last page of Schedule D, transfer total to Detail Summary Page Line	\$	110122
5.	9, Column A)		136.22

^{*}Expenditures, other than a contract, promise or agreement to make an expenditure resulting in credit

INDEPENDENT EXPENDITURES*

SCHEDULE **D-1**

	2. ID#	
1. Committee Name		
3. Report covering period fromthru		
4 INDEPENDENT EXPENDITURES	DATE EXPENDITURE MADE	AMOUNT OF THE EXPENDITURE
IDENTIFY RECIPIENT OF EXPENDITURE AND CANDIDATE WHO IS BENEFITTED OR OPPOSED		,
Ia. NAME, ADDRESS, CITY, STATE AND ZIP		
PURPOSE AND DESCRIPTION OF PURCHASE Benefitted ● ● Opposed ● ●		
CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4b. NAME, ADDRESS, CITY, STATE AND ZIP		
PURPOSE AND DESCRIPTION OF PURCHASE Benefitted • • Opposed • •		
CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
4c. NAME, ADDRESS, CITY, STATE AND ZIP		
PURPOSE AND DESCRIPTION OF PURCHASE Benefitted • • Opposed • • CANDIDATE OFFICE SOUGHT YEAR OF ELECTION		
CANDIDATE		
5. ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-1 [If last page of Schedule D-1, transfer total to Detailed Summary Page	Line 10, Column A]	
*SEE A.R.S. § 16-901(14).		
certify, under pently of perjury, that the above stated independent expenditure(s) was not made in cooperatequest or suggestion of any candidate or any campaign committee or agent of that candidate.	tion, consultation or c	oncert with or at th
ignature of Treasurer		
NAMES, OCCUPATIONS AND EMPLOYERS AND AMOUNT CONTRIBUTED BY EACH OF THE THREE TOP CONTRIBUTED SIX MONTHS	TORS WITHIN THE LAST	AMOUNT
·	Schedule	D-1 Pageof_

LOANS MADE BY REPORTING COMMITTEE

SCHEDULE D-2

		2. ID#	
	1. Committee Name		
	3. Report covering period fromthru		
4	LOANS MADE BY THE REPORTING COMMITTEE	DATE LOAN MADE	AMOUNT OF THE LOAN
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM LOAN (DISBURSEMENT) WAS MADE		
4a.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
b.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
C.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
f.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		·
g.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
h.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
i.	NAME, ADDRESS, CITY, STATE, ZIP, AND ID#		
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-2 [Transfer total to Detail Summary Page Line 12, Column A]		

Page___of ___

OFFSETS TO OPERATING EXPENSES *

SCHEDULE D-3

I. Committee Name		
3. Report covering period from thru		
REBATES, REFUNDS AND OTHER OFFSETS TO OPERATING EXPENSES	DATE REFUND	AMOUNT OF THE
NAME AND ADDRESS FROM WHOM REFUND OR REBATE WAS RECEIVED	RECEIVED	REFUND
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
		ļ
NAME, ADDRESS, CITY, STATE, AND ZIP		
DESCRIPTION OF REFUND		
ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-3 [If last page of Schedule D-3, transfer total to Detailed Summary Pa Line 17 Column A]	де	
Includes return of contributions made by reporting committee		

REPAYMENT OF CANDIDATE LOANS

SCHEDULE D-4

. Committee Name		
. Report covering period fromthru	-	·
REPAYMENT OF LOANS MADE OR GUARANTEED BY CANDIDATE	DATE REPAYMENT	AMOUN OF THI
NAME AND ADDRESS TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	MADE	REPAYMI
AME, ADDRESS, CITY, STATE, AND ZIP		
•		
IAME, ADDRESS, CITY, STATE, AND ZIP		
IAME, ADDRESS, CITY, STATE, AND ZIP		
NAME, ADDRESS, CITY, STATE, AND ZIP		
WALL AND DEED CONTROL AND THE		
IAME, ADDRESS, CITY, STATE, AND ZIP		
NAME, ADDRESS, CITY, STATE, AND ZIP		
ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-4 [Transfer total to Detail Summary Page, Line 13(a), Column A]		

Schedule D-4 Page___of ___

REPAYMENT OF ALL OTHER LOANS

1. Committee Name

SCHEDULE D-5

2. ID#

	3. Report covering period fromthru		
4	REPAYMENT OF ALL OTHER LOANS	DATE REPAYMENT	AMOUNT OF THE
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	MADE	REPAYMENT
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
		,	
	·		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
U .	TARILL, ADDICOG, OTH, GIVIE, 211 AND 101		,
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
u.	NAME, ADDRESS, CITT, STATE, ZIF AND ID#		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
!			
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
			-
		<u> </u>	

TRANSFERS TO OTHER POLITICAL COMMITTEES

SCHEDULE D-6

2. ID#

	1. Committee Name	<u> </u>		
	3. Report covering period fromthru			
4	TRANSFERS MADE BY THE REPORTING COMMITTEE	DAT	E TRANSFER MADE	AMOUNT OF THE TRANSFER
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ID# AND ADDRESS OF THE POLITICAL COMMITTEE) TO WHOM REPAYMENT (DISBURSEMENT) WAS MADE	-		
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
		-		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
			,	
			 	
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			
		}		
		Ī		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#			·
٠.	HAIRE, AUGILEO, OH I, OHATE, ZII AND IDI			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-6 [Transfer total to Detailed Summary Page, Line 14, Column 14, Column 15, Column 16, Co	mn A]		

Page___of ___

ANY OTHER DISBURSEMENT

SCHEDULE D-7

	1. Committee Name	2. ID#	
	3. Report covering period fromthru		
·	ANY OTHER DISBURSEMENTS	DATE DISBURSEMENT	AMOUNT OF THE
	NAME, ADDRESS AND ID# OF COMMITTEE TO WHOM DISBURSEMENT WAS MADE; DESCRIPTION	MADE	DISBURSEMENT
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
ŀ	DESCRIPTION		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
		`	
ŀ	DESCRIPTION		
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION	·	-
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
*,			
	DESCRIPTION		
е.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		·
	DESCRIPTION		
		L	
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE D-7 [Transfer total to Detailed Summary Page Line 15 Column A]		<u> </u>

Page of

IN-KIND CONTRIBUTIONS and EXPENDITURES

SCHEDULE **E**

		- 1 10 000 0			
	1. Committee NamCommette to 1	2 elect Don Cello Ka	2. ID#	NP-101	
	3. Report covering period from 6/1/12 -	8/16/12 thru			
4	IN-KIND CONTRIBUTIONS and EXPENDITURES		DATE	FAIR MARKET VALUE	
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIVED OR TO WHOM GIVEN				
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID# LINCA BINDER SGUNG LAKE HAUASUCITY, HE DESCRIPTION MA	contribution . MM. 6 2 greet expenditure .	7/25/12	117.62	
	DESCRIPTION Most & greet AT) OCCUPATION	EMPLOYER			
b.	NAME ADDRESS, CITY STATE, ZIP AND ID# KATRY HOLEL 66400 LAKE HAUASUCITY AZ	CONTRIBUTION • • EXPENDITURE •	7/25/12	160.02	
	LAKe HAUASUC:TY, AZ DESCRIPTION Meet + 2 pet OCCUPATION	· EMPLOYÉR			
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •			
	DESCRIPTION				
	OCCUPATION	EMPLOYER	-		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#	CONTRIBUTION • • EXPENDITURE • •			
	DESCRIPTION		1		
	OCCUPATION	EMPLOYER			
5.	Line 6, Column A]				
6.	ENTER TOTAL IN-KIND CONTRIBUTIONS ONLY IF LAST PAC Line 11, Column AJ	GE OF SCHEDULE E [If last page of Schedule E, transfer total to	Detailed Summary Page	237.64	

DIVIDENDS, INTEREST, AND OTHER RECEIPTS

SCHEDULE F-1

		2. ID#	
	1. Committee Name 3. Report covering period fromthru		
4	DIVIDENDS, INTEREST AND OTHER FORMS OF RECEIPTS	DATE	AMOUNT
	NAME AND ADDRESS FROM INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) FROM WHOM RECEIPT WAS RECEIVED	AMOUNT RECEIVED	OF THE RECEIPT
4a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		******
	DESCRIPTION OF RECEIPT		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
c.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF RECEIPT		·
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-1 [If last page of Schedule F-1, transfer total to Detailed Summary Page		
	Line 7 Column A		

Page___of ___

OFFSETS TO CONTRIBUTIONS RECEIVED *

SCHEDULE F-2

		· ·-	
	1. Committee Name		
	3. Report covering period from thru		
4	REFUNDS AND OTHER OFFSETS TO CONTRIBUTIONS RECEIVED	DATE REFUND MADE	AMOUNT OF THE REFUND
	NAME AND ADDRESS OF INDIVIDUAL (OR NAME, ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM REFUND WAS MADE	WADE	REFUND
а.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
l			
	DESCRIPTION OF REFUND		
	NAME ADDOCCO CITY CTATE 7/D AND ID4		
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
			<u> </u>
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
ď.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
u.			
	DESCRIPTION OF REFUND	1	
e.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND	1	
f.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#		
	DESCRIPTION OF REFUND		
<u> </u>			
5.	ENTER TOTAL ONLY IF LAST PAGE OF SCHEDULE F-2 [If last page of Schedule F-2, transfer total to Detailed Summary Page, Line	4(E), Column A]	
٥.			

* Includes return of contributions received by reporting committee

DEBTS AND OBLIGATIONS (Excluding Loans)

SCHEDULE F-3

2. ID#

	1. Committee Name				
	3. Report covering period from	·	thru		
4	DEBTS AND OBLIGATIONS NAME AND ADDRESS OF INDIVIDUAL (OR NAME,	OUTSTANDING BALANCE BEGINNING	AMOUNT INCURRED THIS PERIOD	PAYMENT THIS PERIOD	OUTSTANDING BALANCE AT CLOSE
	ADDRESS AND ID# OF THE POLITICAL COMMITTEE) TO WHOM DEBT IS OWED	THIS PERIOD	MIGT ENGE	TENIOD	OF THIS PERIOD
a.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
b.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				Company Company
C.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				Mary and the spine of
d.	NAME, ADDRESS, CITY, STATE, ZIP AND ID#				
	DESCRIPTION OF DEBT				
e.	NAME, ADDRESS, CITY, STATE, ŽIP AND ID#				
	DESCRIPTION OF DEBT				
5.	ENTER TOTAL OUTSTANDING BALANCE AT CLC F-3 [Transfer total to Detail Summary Page Line 19, Co		O ONLY IF LAST PAGE O	F SCHEDULE	
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